

## State of South Dakota



## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,  
500 E Capitol Ave., Pierre, SD 57501-5070

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See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee South Dakota Health Care Assn. Political Action Comm.

Complete Mailing Address 804 N. Western Avenue, Sioux Falls, SD 57104

Name of Person Making Report Mark B. Deak Daytime Phone Number (605) 339-2071

If you are a candidate, what office are you seeking? \_\_\_\_\_

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Year-End Report

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2005

*The following verification must be completed before submitting report.*

## VERIFICATION OF PERSON MAKING REPORT

I Mark B. Deak (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: January 24, 2006

[Signature]  
Candidate Signature or  
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 26<sup>th</sup> day of  
January, 2006  
Chris Nelson  
SECRETARY OF STATE

For the reporting period ending December 31, 2005

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

\*\$ 765.47

[illegible]

\*\$ 2225.22

**Name of Candidate or Committee** South Dakota Health Care Assn. Political Action Comm.

For the reporting period ending December 31, 2005**Schedule A – Direct Contributions (continued)**

### Unitemized Contributions from Political Parties:

\*\$ 0

### Itemized Contributions from Political Parties

Party Name	Address	
		\$ _____
		_____
		_____
		_____
		_____
		\$ 0

**Total of Itemized Contributions from Political Parties:**

\* \$ 0

**Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.**

[illegible]**Total of Itemized Contributions from Political Action Committees:**

\* \$ 0

**Total of All Direct Contributions (Sum of all lines with an \*)**

\$ 0

Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Comm.For the reporting period ending: December 31, 2005**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Apparel	\$1249.92
50/50 Raffle	\$549.00
Putting Contest	\$135.00
PAC Raffle	\$660.00
Golf Tournament	\$837.00
<b>Total:</b>	<u>\$3430.92</u>

**Schedule C - In Kind Contributions**

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
<b>Total:</b>		<u>0</u>

**Schedule D - Other Income**

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Bank Interest Payments	\$2.55
Returned Check	\$200.00
<b>Total:</b>	<u>\$202.55</u>





Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Comm.

For the reporting period ending: December 31, 2005

### Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

- |  |                   |                    |
|--|-------------------|--------------------|
| 1. Amount on hand, if any, at the beginning of the reporting period: |                   | \$ <u>2,823.36</u> |
| 2. Receipts  |                   |                    |
| Schedule A - Direct Contributions                                    | \$ <u>2225.22</u> |                    |
| Schedule B - Fund-Raising Events                                     | \$ <u>3430.92</u> |                    |
| Schedule C - In Kind Contributions                                   | \$ <u>0</u>       |                    |
| Schedule D - Other Income  | \$ <u>202.55</u>  |                    |
| Total of all Receipts  | \$ <u>5858.69</u> |                    |
| 3. Total Monetary Receipts (A+B+D)                                   |                   | \$ <u>5858.69</u>  |
| 4. Candidate's Personal Contribution to Own Campaign                 |                   | \$ <u>0</u>        |
| 5. Monetary Loans to Candidate or Committee During Reporting Period  |                   | \$ <u>0</u>        |
| 6. Monetary Loans Repaid During Reporting Period                     |                   | \$ <u>0</u>        |
| 7. Expenditures - Schedule E   |                   | \$ <u>-32.60</u>   |
| 8. Unpaid Obligations - Schedule F                                   | \$ <u>0</u>       |                    |
| 9. Amount on hand at the close of this reporting period. *           |                   | \$ <u>8649.45</u>  |
| This should equal lines (1+3+4+5) - (6+7)                            |                   |                    |

## Schedule A – Direct Contributions

Julie Schenkel 30035 416 Avenue Tyndall, SD 57066	Good Samaritan Center	\$145.55
Mary Knutson 201 Park Avenue S Lake Preston, SD 57249	Kingsbury Memorial Manor	\$102.50
Judith Headley 405 S. East St. Menno, SD 57045	Menno-Olivet Care Center	\$100.45
Matt Heard 107 W Dartmouth St. Vermillion, SD 57069	Hudson Healthcare	\$106.60
Joe Ward 1907 N. Ellis Road Sioux Falls, SD 57107	Ward Enterprises	\$100.45
Ron Kortemeyer 8450 Winchester Ct. Piedmont, SD 57769	Good Samaritan Center	\$100.45
Tammy Jensen 4110 Wisconsin Ave Rapid City, SD 57701	Clarkson Mt. View	\$106.60
Daryl Reinicke 366 Terracita Drive Rapid City, SD 57701	Westhills Village	\$240.00
Tina Muller 210 S Emil Rosholt, SD 57260	Rosholt Care Center	\$100.45
Pam Wells PO Box 216 Lake Andes, SD 57356	Lake Andes HC Center	\$127.10
Dennis Gab 5000 W. 40 <sup>th</sup> Street Sioux Falls, SD 57106	Good Samaritan Center	\$229.60

**Total = \$1459.75**